(Includes Reference to TT International Applications)

ARATION FOR PATENT POWER OF ATTORNEY

ATTORNEY'S DOCKET NUMBER

19226/830

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	TWO	-PHOTON UPC	ONVERTING	DYES AND APP	LICATIONS		
the specification o	f which	(check only	y one ite	m below):			
[] is attached	l hereto	. '					
[X] was filed a on <u>Septer</u> (if applica	<u> 1ber 5, </u>	ed States ap 1996 and	plication l was amer	n Serial No nded under PCT	08/712,14 Article 19	on	
[] was filed a on		internationa and was a	ıl applica ımended ur	ation Number _ nder PCT Artio	cle 19 on _		
I hereby state that specifications, inc	I have luding	reviewed a the claims,	nd unders as amend	stand the cont led by any ame	ents of the ndment refe	above-identred to abo	ntified ove.
I acknowledge the chils application in	luty to accord	disclose in lance with T	formation itle 37,	n which is mat Code of Feder	erial to the al Regulati	e examinat ons, § 1.5	ion of 6(a).
Inereby claim fore foreign application application(s) desi and have also ident certificate or any than the United Sta date before that of	n(s) for interest of the second secon	patent or at least of at least of the color	inventor' one countr oreign app applicati ed by me	's certificate ry other than plication(s) f ion(s) designa on the same s	e or of any the United for patent o ting at lea subject matt	PCT internation States lister inventor ast one court	ational ted below 's ntry other
PRIOR FOREIGN/PCT	APPLICA'	rion(s) AND	ANY PRIO	RITY CLAIMS U	IDER 35 U.S.	C. 119:	
COUNTRY (TF PCT, indicate	"PCT")	APPLICATIO	NUMBER	DATE OF FII (day, month,)		PRIORITY CUNDER 35 U	
US US		60/003	,296	06 SEPT 19	95	[X] YES [] NO
υs		60/005	,924	27 OCT 19	95	[X] YES [] NO
US		60/010	,330	15 DEC 19	95	[X] YES [] NO
us		To be as	ssigned	27 AUG 19	96	[X] YES [] NO
I hereby claim the application(s) or America that is/ar of this applicatio provided by the fi duty to disclose m § 1.56(a) which oc national or PCT In	PCT int e liste n is no rst par aterial curred	ernational and below and the disclosed agraph of The information between the	application , insofar in that/ itle 35, n as defi filing d	on(s) designa as the subje those prior a United States ned in Title ate of the pr	ting the Unct matter opplication(Code, § 11 37, Code of ior applica	feach of t s) in the m 2, I acknow Federal Re	or the claims manner vledge the egulations,
PRIOR U.S. APPLICA UNDER 35 U.S.C. 12	TIONS O					THE U.S. I	OR BENEFI
U.S.	APPLICA	TIONS			STATUS (Ch	eck One)	
U.S. APPLICA	TION N	JMBER	U.S. I	FILING DATE	PATENTED	PENDING	ABANDONE
				·			
PCT APPI	LICATIO	NS DESIGNATI	NG THE U.	.s.	<u></u>		
PCT APPLICATION NO.,	FI	PCT LING DATE		RIAL NUMBERS D (if any)			
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COMBINED DECLAR ON FOR PATENT APPLICATION AND POWER OF TORNEY (Continued)



ATTORNEY'S DOCKET NUMBER

19226/830

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Peter Rogalskyj, Reg. No. 38,601; Michael L. Goldman, Reg. No. 30,727.

Send Correspondence to: Peter Rogalskyj, Esq. Nixon, Hargrave, Devans & Doyle LLP Clinton Square, P. O. Box 1051 Rochester, New York 14603

Direct Telephone Calls to: Peter Rogalskyj (716) 263-1634

	Rochester	, New York 14603		
	FULL NAME OF INVENTOR	FAMILY NAME Prasad	FIRST GIVEN NAME Paras	SECOND GIVEN NAME
0 1	RESIDENCE & CITIZENSHIP	CITY Williamsville	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP U.S.A.
	POST OFFICE ADDRESS	P.O. ADDRESS 49 Troyview Lane	CITY Williamsville	STATE/ZIP CODE/COUNTRY New York/14221/U.S.A.
	FULL NAME OF INVENTOR	FAMILY NAME Bhawalkar	FIRST GIVEN NAME Jayant	SECOND GIVEN NAME D.
2 0 2	RESIDENCE & CITIZENSHIP	CITY Tonawanda	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP India
	POST OFFICE ADDRESS	P.O. ADDRESS 109 Paradise Lane, #5	CITY Tonawanda	STATE/ZIP CODE/COUNTRY New York/14150/U.S.A.
2 150 2	FULL NAME OF INVENTOR	FAMILY NAME He	FIRST GIVEN NAME Guang	SECOND GIVEN NAME S.
200	RESIDENCE & CITIZENSHIP	CITY Williamsville	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP China
	POST OFFICE ADDRESS	P.O. ADDRESS 107 Sundown Trail	CITY Williamsville	STATE/ZIP CODE/COUNTRY New York/14221/U.S.A.
æ,	FULL NAME OF INVENTOR	FAMILY NAME Zhao	FIRST GIVEN NAME Chan	SECOND GIVEN NAME F.
204	RESIDENCE & CITIZENSHIP	CITY San Diego	STATE/FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP
A prof. of the	POST OFFICE ADDRESS	8017 Camino Klosso P.O. ADDRESS 4178 Degara Street, #2/	CITY San Diego	STATE/ZIP CODE/COUNTRY California/92122/U.S.A.
	FULL NAME OF INVENTOR	FAMILY NAME Gvishi	FIRST GIVEN NAME	SECOND GIVEN NAME
2 0 5	RESIDENCE & CITIZENSHIP	CITY K. Tiron	STATE/FOREIGN COUNTRY Israel	COUNTRY OF CITIZENSHIP
3	POST OFFICE ADDRESS	P.O. ADDRESS 47 Oranim Street	CITY K. Tiron	STATE/ZIP CODE/COUNTRY Israel/36043
	FULL NAME OF INVENTOR	FAMILY NAME Ruland	FIRST GIVEN NAME Gary	SECOND GIVEN NAME E.
2 0 6	RESIDENCE & CITIZENSHIP	CITY Grand Island	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP U.S.A.
	POST OFFICE ADDRESS	P.O. ADDRESS 1570 Cox Road	CITY Grand Island	STATE/ZIP CODE/COUNTRY New York/14072/U.S.A.
	FULL NAME OF	FAMILY NAME Zieba	FIRST GIVEN NAME Jaroslaw	SECOND GIVEN NAME
2 0	RESIDENCE & CITIZENSHIP	CITY Amherst Santa Rosa	STATE/FOREIGN COUNTRY	Poland
7	POST OFFICE ADDRESS	P.O. ADDRESS Po Brittony Drive	CITY Amhorot Santa Rosa	STATE/ZIP CODE/COUNTRY New York/14228/U.S.A.
	FULL NAME OF INVENTOR	FAMILY NAME Cheng	FIRST GIVEN NAME Ping	SECOND GIVEN NAME Chin
0 8	RESIDENCE & CITIZENSHIP	CITY Williamsville	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP Canada
	POST OFFICE ADDRESS	P.O. ADDRESS 184 Bramble Court	CITY Williamsville	STATE/ZIP CODE/COUNTRY New York/14221/U.S.A.

COMBINED DECLAR AND POWER

ON FOR PATENT APPLICATION ATTORNEY (Continued)



ATTORNEY'S DOCKET NUMBER

19226/830

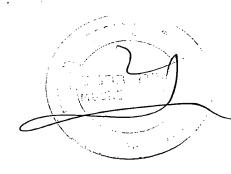
	FULL NAME OF INVENTOR	FAMILY NAME Pan	FIRST GIVEN NAME Shan	SECOND GIVEN NAME Jen
0 9	RESIDENCE & CITIZENSHIP	CITY Amherst	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP China
	POST OFFICE ADDRESS	P.O. ADDRESS 261 Travers Circle, #D	CITY Amherst	STATE/ZIP CODE/COUNTRY New York/14228/U.S.A.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statement may jeopardize the validity of the application or any patent issuing thereon.

foran h. fragal	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE 26/96	DATE (0/12/96	DATE W/ Dec/ 96
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVESTOR 206
DATE	DATE \$30/10/19%	DATE 12/10/96
SIGNATURE OF INVENTOR 207	SIGNATUR OF INVENTOR 208	SIGNATURE OF INVENTOR 209
DATE	DATE 10/Dec 1196	DATE 10/Pec . 1994

Page 3 of 3





COMBINED DE

ATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued)

ATTORNEY'S DOCKET NUMBER

19226/830

lL				
	FULL NAME OF INVENTOR	FAMILY NAME Pan	FIRST GIVEN NAME Shan	SECOND GIVEN NAME Jen
2 0 9	RESIDENCE & CITIZENSHIP	CITY Amherst	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP China
	POST OFFICE ADDRESS	P.O. ADDRESS 261 Travers Circle, #D	CITY Amherst	STATE/ZIP CODE/COUNTRY New York/14228/U.S.A.

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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE 16,1996	DATE JOEC.	DATE 10/12/96
signature of inventor 204 Chanfiny 2hao	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVANTOR 206
DATE 11/27/96	DATE 130/10/15%	DATE OPLIONS
SIGNATURE OF INVENTOR 207	SIGNATUR OF INVENTOR 208	SIGNATURE OF INVENTOR 209
DATE	DATE 10 Dec. 1976	DATE (0/Dec/96
95651	<u> </u>	Page 3 of 3

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COMBINED DECLA

ON FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued)

ATTORNEY'S DOCKET NUMBER

19226/830

	FULL NAME OF INVENTOR	FAMILY NAME Pan	FIRST GIVEN NAME Shan	SECOND GIVEN NAME Jen
0 9	RESIDENCE & CITIZENSHIP	CITY Amherst	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	P.O. ADDRESS 261 Travers Circle, #D	CITY Amherst	STATE/ZIP CODE/COUNTRY New York/14228/U.S.A.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statement may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE Dec 16 1996	DATE 10/12/96	DATE 13/12/96
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE \$30/10/19%	DATE /12/10/96
SIGNATURE OF INVENTOR 207	SIGNATUR OF INVENTOR 208	SIGNATURE OF INVENTOR 209
DATE 11/15/96	DATE 10 Dec 1996	DATE (0/ Dec/96

Page 3 of 3

Applicant of Facentee. Frasad et al.
Attorney's Docket No.: 19226/830 (R-5285,R-5321,R-5323,R-5356)
Serial or Patent No.: 08/712,143
Filed or Issued: September 5, 1996
For: Two-Photon Upconverting Dyes and Applications
VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) and 1.27(d)) - NONPROFIT ORGANIZATION
I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:
NAME OF CONCERN The Research Foundation of State University of New York
ADDRESS OF CONCERN Suite 200, UB Commons
Amherst, New York 14228-2567
TYPE OF ORGANIZATION University
TIPE OF ORGANIZATION
[X] UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION [] TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(c)(3) [] NONPROFIT SCIENTIFIC OR EDUCATION UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA (NAME OF STATE
I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code with regard to the invention entitled
I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.
If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

ROC10:95650



*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

NAME
ADDRESS
[] INDIVIDUAL [] SMALL BUSINESS CONCERN [] NONPROFIT ORGANIZATION
NAME
ADDRESS
[] INDIVIDUAL [] SMALL BUSINESS CONCERN [] NONPROFIT ORGANIZATION
I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.
NAME OF PERSON SIGNING Daniel E. Massing
TITLE OF PERSON OTHER THAN OWNER Director, Technology Transfer Services
ADDRESS OF PERSON SIGNING The Research Foundation of State University
of New York
Suite 200, UB Commons
Amherst, New York 14228-2567
SIGNATURE Daviel E. Massing DATE 10/4/96
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